

2012 HCBS Provider Self-Assessment Frequently Asked Questions

General Questions

- Question: Where can I find the updated self-assessment for 2012?
 - Answer: The 2012 HCBS Provider Self-Assessment was released on December 1st, 2012 and is due February 1st, 2013. It can be found here <http://www.ime.state.ia.us/HCBS/ReviewTools.html> Informational letter No. 1188 was released on November 27th, 2012 detailing updates and submission changes and can be found here <http://www.ime.state.ia.us/Providers/Bulletins/Bulletins2012.html>

Section D: Iowa Administrative Code Standards

III. Providers are required to have policies and procedures in place for each of the following areas

Requirement D: Service documentation required for all providers IAC 79.3(2)

- Question: Regarding #6—Supplies dispense as part of the services, I am being told that it is not in rule and does not have to be in policies or marked yes on the self-assessment.
 - Answer: This is in rule according to Iowa Administrative Code 79.3(2). Anything that is in rule should be implemented by the provider as applicable to their enrolled services and should be marked “Yes” on the self-assessment, or indicated as a corrective action plan. A policy is not required but would be recommended to ensure that the agency is ensuring consistent and accurate documentation. If the agency has a policy for service documentation, but doesn't dispense supplies as a part of the service, then that could be added as a part of their policy.

Requirement F: Abuse reporting Iowa Code Chapter 232.69 and 235B.3

- Question: Regarding #2 , rule does not state we are required to include in our policy a statement regarding “legal ramifications for failing to report an allegation of abuse” so can’t we mark “No” or “N/A”?
 - Answer: The Provider Self-Assessment is a mix of what is in rule and best practice for providers. While the Iowa Code and Iowa Administrative Code do not specify the wording of what needs to be included in the abuse reporting policy, providers should be able to provide evidence that they are meeting these standards, whether in policy or some other way, such as through training. If they do not have any way to evidence this, they will need to indicate corrective action. 235B.16b indicates that “*staff should receive reporting requirements within one month of initial employment*”. Iowa Code 235B.3 (12) states it is a simple misdemeanor for failing to report.
“12. A person required by this section to report a suspected case of dependent adult abuse who knowingly and willfully fails to do so commits a simple misdemeanor. A person required by this section to report a suspected case of dependent adult abuse who knowingly fails to do so or who knowingly, in violation of subsection 3, interferes with the making of such a report or applies a requirement that results in such a failure is civilly liable for the damages proximately caused by the failure.”

2012 HCBS Provider Self-Assessment Frequently Asked Questions

Section E: Guarantee of Accuracy

- Question: We are a county-government agency that provides Elderly Waiver Case Management services. We are not listed with the Iowa Secretary of State's Office and we are not required to be accredited. How should we complete the Guarantee of Accuracy form? Do we simply sign the form and leave the rest of the questions unanswered?
 - Answer: Simply indicate this in the comment boxes; please do not leave those sections blank.
- Question: We are an assisted living facility and are certified by DIA. Should I check the DIA box on the guarantee of accuracy?
 - Answer: No. Please indicate who accredits your HCBS services only, if any. If the HCBS services you provide are not accredited or certified, please indicate this in the comment box.
- Question: When it says "Dates of Certification", what is that asking for:
 - Answer: Give the start and end dates of your accreditation or certification from the accreditation or certification entity from the previous question. Dates should include the month, day and year that your accreditation or certification began and month, day and year that it will expire.

Section F: Direct Support Professional Workforce Data Collection

- Question: How do I complete Question 1? For the "Total number of Full Time and Part Time Employees" do we include ALL employees? We have many staff that are shared and provide support to both HCBS and ICF programs. If not, how do we separate out?
 - Answer: Question 1 is asking for two separate things. It's first asking for the total # of employees (basically everyone on their payroll) while the second part of the question is asking how many of their staff are considered full- or part-time Direct Support Professionals as defined on pg. 17 of the self-assessment:
*Any staff "providing the following **waiver** services should be considered **direct support professional workers**: Adult Day Care, Behavioral Programming, CCO, CDAC, Family and Community Support Services, Home Health, Homemaker, Interim Medical Monitoring and Treatment, Prevocational Services, Remedial Services, Respite, Residential SCL, SCL, Supported Employment."*
- Question: What if we have staff that overlap and work with both ICF/ID and Waiver members?
 - Answer: The staff that are full-time and only work with waiver members should be included as "Full-time Direct Care Workers". If they are part-time staff, they should be included as "Part-time Direct Care Workers". If full-time staff split time between ICF/ID and waiver services, they should be included as "Part-time Direct Care Workers" because they are only technically working in waiver part-time.